

State of New Hampshire
Board of Medicine
Concord, New Hampshire 03301

In the Matter of:

Gail L. Dolbear, M.D.

No.: 13340

(Misconduct Allegations)

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board") concerning the restriction of my surgical privileges by Southern New Hampshire Medical Center, I, Gail L. Dolbear, M.D., hereby voluntarily surrender my New Hampshire license (#13340) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license pursuant to Med 506.03, I understand that:

1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective upon the Board's acceptance of this voluntary surrender.
2. I admit that this license surrender has occurred in settlement of a pending disciplinary investigation.
3. I admit to no violations of RSA 329:17 or in any other way admit any liability to any person, entity or governmental unit but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
4. Should I again seek licensure in the State of New Hampshire, I must meet and shall bear the burden of proving compliance with all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.
5. I understand that the pending disciplinary allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
6. I understand that if the Board chooses to accept my surrender of license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making a finding

of professional misconduct. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.

7. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 1st day of October, 2007.



Gail L. Dolbear, M.D.

ACCEPTED BY THE Board of Medicine on this 7th day of November, 2007.

Date: November 14, 2007.

(Signature) Penny Taylor, Administrator

(Print or Type Name) PENNY TAYLOR

Authorized Representative of the

New Hampshire Board of Medicine